UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION III

841 Chestnut Building Philadelphia, Pennsylvania 19107

Bailaia S. Malry Beass hardmark Shopping Center

JUL 25 1990

Re: Notification of Hazardous Waste Activity

Dear Hazardous Waste Handler:

The U.S. Environmental Protection Agency (EPA) has received your Notification Form, which you filed pursuant to Section 3010 of the Resource Conservation and Recovery Act, as amended.

We have reviewed the form and are returning it to you for clarification or missing information as indicated below:

	Location address inappropriate; complete street address required.
IZ	Required items which are missing are encircled in red.
	Signature/date missing
	The form was illegible. A new form is enclosed.

Please return the completed form together with this letter to the address indicated in the letterhead no later than

EPA will consider you as having not notified and in violation of Section 3010 of the Act if you do not complete and return this form by the date indicated.

If you have any questions pertaining to the Notification Form call 215-597-3884.

Sincerely.

Enther Steinberg, 3H053 Environmental Protection Assistant

Waste Management Branch

Enclosure

SEARS, ROEBUCK AND CO. 5901 DUKE STREET ALEXANDRIA, VIRGINIA 22304

12 July 1990

To Whom it may concern;

We have just received a lab analysis regarding our waste product. The waste has been analyzed as a non-flammable liquid containing 46.7% water and 53% latex paint solids.

Our analysis was conducted by the labs at the Safety-Kleen corporation, our contracted waste handler. For further information regarding the results, please contact:

Joseph Pierce Branch Industrial Manager 12164 Tech Road Silver Spring, Md. 20914 (301) 622-2770

If you require additional assistance, please contact myself or Mrs. Barbara Mabry (Division Manager).

Sincerely,

Gary S. Denny

Lead Salesman Paint Department

(703) 914-2255

اللا∭ © Sears, Roebuck and Co. 5901 Duke Street Alexandria, VA 22304



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	ID - For Official Use Only
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropri	riate boxes. Refer to instructions.)
1001 - G 9 3 8 A. Hazardous Waste Activity	B. Used Oil Fuel Activities
a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 4. Hazardous War a. Generator 2. Transporter (Indicate Mode in boxes 1-5 below) b. For commercial purposes Mode of Transportation 1. Air 2. Indicate Mode in boxes 1-5 below) 2. Indicate Mode of Transportation 2. Indicate Mode in boxes 1-5 below) 2. Indicate Mode of Transportation 2. Indicate Mode in boxes 1-5 below) 3. Indicate Mode in boxes 1-5 below) 4. Hazardous War a. Generator 5. Division in the second in the se	b. Other Markerer Marketing to Burner rketers Indicate device(s) - Industrial Boiler Justrial Boiler Justrial Furnace D. Other Markerer C. Burner - indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler Justrial Furnace 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims
IX. Description of Regulated Wastes (Use additional sheets if n	necessary)
A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the box wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)	
1. Ionitable 2. Corrosive 3. Reactive 4. EP Toxic	io EPA hazardous waste number(s) for the EP Toxic contaminant(s))
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instruction	ns if you need to list more than 12 waste codes.)
F002 F005 3 9 9	
C. Other Wastes. (State or other wastes requiring an I.D. number. See in	instructions.)
	4 5 6 1 1 1 1 1 1 1 1 1
X. Certification	
I certify under penalty of law that I have personally examined and all attached documents, and that based on my inquipoblaining the information, I believe that the submitted information that there are significant penalties for submitting false imprisonment.	uiry of those individuals immediately responsible for formation is true, accurate, and complete. I am aware
Signature Name and Official Title	O (type or print)
XI. Comments	
	JUL 2 3
	EF R3
Note: Mail completed form to the appropriate EPA Regional or State O	Office (See Section III of the booklet for addresses)

Please print or type with ELITE type (12 characters per inch) in the unshaded area	Form Approved. On 10 10 10 10 10 10 10 10 10 10 10 10 10	-91 -OT
Please refer to the Instructions for Filing Notification before	Date Received	,
for Filing Notification before completing this form. The information requested here is	ated Waste &	"
required by law (Section 3010 of the Resource Conservation	MOTINITY OF THE SECOND	
and Recovery Act). United States Environmental	Protection address of Sept 5 - 100	O.
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)	27/11/12 Installation 2 Japanese	
A. First Notification B. Subsequent Notification (complete item C)	5/6/CI2\SC. Installation * * * And manibac	
II. Name of Installation (Include company and specific site name)	VAD 988124884	
SEARS LANDMARK SH	OPPING CENTE	R
III. Location of Installation (Physical address not P.O. Box or Route)		
Street		
5901 DUKE STREET		
Street (continued)		
		文字的
City or Town	State ZIP Code	
ALEXANDRIA	VA 223041-1	
County Code County Name		
5110 FAIRELAX ALEXA	(1) 5 K I D	
IV. Installation Mailing Address (See Instructions)	no established) 包装
Street or P.O. Box		
5901 DUKE STREET		
City or Town	State ZIP Code	
ALEXANDRIA	V A 2 2 3 0 4 -	
V. Installation Contact (Person to be contacted regarding waste acti	ivities at site)	e e e e e
Name (last) (first)		
	RBARA J.	
	ne Number (area code and number)	
DIVISION MANAGE 70	3 - 9 1 4 - 23 49	
VI. Installation Contact Address (See instructions) A. Contact Address B. Street or P.O. Box		
		3.6
1 5901 DUKE 57		
City or Town	State 5 ZIP Code	
ALEXANDRIA	y A Z Z 3 0 4 -	
VII. Ownership (See Instructions)		
A Name of Installation's Legas Owner		
7/6/01/21 1/0/6/01/21/01/		
Street, P.O. Box, or Route Number		
Chicago Tower		
City or Town	State CIP Code	
Chicago IL	1260684-	Vision Contract
Phone Number (area code and number)	ner Type D. Change of Owner (Date Changed) Indicator Month Day Ye	ar
317-875-2500	Yes No	